

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

ESTABLISHED APRIL 15, 1870

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Weekly Bulletin

JAN 7 1941

University of California

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Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XIX, No. 46

December 7, 1940

GUY P. JONES
EDITOR

Examination of Food Handlers

(Continued from last issue)

In New York City in 1923¹ compulsory annual medical examination for food handlers was instituted. In 1934, after 11 years of experience with it, the city discontinued the practice based upon the following considerations:

1. "The examination of food handlers by private physicians can not be accepted as reliable. Private physicians examined 219,282 and found 3 food handlers ineligible per 100,000 examined. Public Health Department examined 108,176 and found 221 food handlers ineligible per 100,000 examined.
2. "The cost of physical examinations of food handlers made exclusively by the Department of Health is not commensurate with the public health benefits obtained.
3. "The most careful physical examination does not reveal the important conditions that may be transmitted by food handling.
4. "In order to be able to certify that a food handler is free from communicable disease, at least a chest X-ray, a Wassermann, and a stool examination for typhoid, paratyphoid, and amoebic and bacillary dysentery carrier must be made. The cost of such an examination is almost prohibitive.
5. "Even if such a complete examination were made, there is no assurance that the food handler would remain free of communicable disease during the tenure of the certificate.

6. "Too much emphasis has been placed on the value of medical examination as a means of preventing the spread of disease through food handling, especially as it relates to such communicable conditions as venereal diseases, tuberculosis, and skin conditions."

As a result of the data they accumulated during their 11-year period, they conclude that the cost of detecting a typhoid carrier is \$50,000 per carrier found when the work is done by public health officials, and \$130,000 when done by private physicians.

Dr. T. C. Terrell² of Fort Worth, Texas, reporting in 1939 the results of their investigation in Fort Worth, stated that during the past 10 years 115,284 routine stool cultures on food handlers have been examined. There were 18 positive for typhoid. Seven of these were found during 1938 at a cost of \$353.77 per carrier. He concludes that the results are unsatisfactory.

Connecticut³—by means of 91,527 food handler examinations, 71 carriers were found at a cost of \$677 per carrier.

If the costs of such examinations are so prohibitory and ineffective how are we to protect the public from contaminated food products?

¹ Is Routine Examination and Certification of Food Handlers Worth While? Wm. H. Best, M.D., Jour. A. P. H. A., vol. 27, pp. 1003-1006, Oct., 1937.

² The Routine Examination of Food Handlers, T. C. Terrell, M.D., Tex. State Jour. Med., vol. 35, pp. 227-229, July, 1939.

³ Connecticut—Report—State Dept. of Health, 1934, pp. 183-195.

1. By education of food handlers:
 - a. Instruction in personal hygiene. Clean hands are perhaps the most important yet simplest expedient to prevent food contamination.
 - b. Instruction in food handling. Teach importance of use of spoons, forks, et cetera, rather than bare hands.
 - c. Report for medical attention when ill or presence of skin lesions noted.
2. Impress upon physicians and public necessity of reporting communicable diseases. Then if a food handler is suffering from such disease he can be brought under adequate public health supervision.
3. Epidemiological investigation and follow-up of typhoid fever and other communicable diseases.

In July, 1937, New York City⁴ had 727 typhoid carriers on their records. Fifty-four and six-tenths per cent of these were detected by means of epidemiological investigations of sporadic cases and outbreaks of typhoid. Thirty-seven per cent by follow-up of convalescent cases and only 4.8 per cent (or 35) were detected by means of food handler examinations.

In New York State, in 1936,⁵ they had 570 carriers on record. Seventy-two and four-tenths per cent were detected by means of epidemiological investigations and 2.5 per cent (or 13) by means of food handler examinations.

Dr. J. C. Geiger,⁶ of San Francisco, expresses the opinion that the routine physical and laboratory examination by the official health agency of all food handlers is not justified by the results obtained, at least in San Francisco. The same money spent in rational educational activities would probably produce more tangible results.

As a conclusion, I wish to emphasize again the fact that no amount of food handler examinations will compensate for filthy, careless personnel handling food and the lack of proper facilities and equipment for food handling.

SACRAMENTO ADOPTS COLD STORAGE ORDINANCE

In order to regulate the cold storage business where fresh, cooked, or cured meats are stored or kept in private food lockers, the city of Sacramento has adopted an ordinance to control the business and which authorizes the health officer to make rules and regulations for its enforcement. Under its provisions, a permit must be issued by the health officer to all persons who engage in the cold storage business where meats, either fresh, cooked, or cured, are kept

in private food lockers. The health officer may inspect such lockers at all times.

The need for this legislation is outlined in the resolution passed by the city council and which reads as follows:

WHEREAS, The public cold storage locker business is rapidly expanding and adding new methods of operation to its former storage methods, and

WHEREAS, The possibilities of unscrupulous persons using these public lockers as a medium of disposing of uninspected meats which are unfit for human consumption are clearly evident, and

WHEREAS, The rapid methods of transportation by truck and automobile used by cattle rustlers for the stealing of live stock in the western states to the serious injury to live stock growers has reached an all time high record, and which activity can easily be aided by unregulated cold storage lockers providing a hiding place for stolen meat, where it could be held until an opportune time for the disposal thereof uninspected, and

WHEREAS, The said business has extended its operations to include the freezing, cutting up, and processing of meats, also the manufacture of sausage, and the cooking of fats for public consumption, and

WHEREAS, Unless this business as relates to meat is regulated by proper health measures, a very serious menace to public health will ensue.

STATE BOARD COOPERATES IN VENEREAL DISEASE CONTROL

WHEREAS, An agreement has been entered into by the War and Navy Departments, United States Public Health Service, and state health departments on measures for the control of the venereal diseases in areas where armed forces or national defense employees are concentrated; therefore, be it

Resolved, That the California State Board of Public Health meeting in Monterey on November 19, 1940, endorses said agreement which in spirit is to be read as follows:

It is recognized that the following service should be developed by State and local health and police authorities in cooperation with the Medical Corps of the United States Army, the Bureau of Medicine and Surgery of the United States Navy, the United States Public Health Service, and interested voluntary organizations:

1. Early diagnosis and adequate treatment by the Army and the Navy of enlisted personnel infected with the venereal diseases.

2. Early diagnosis and treatment of the civilian population by the local health department.

3. When authentic information can be obtained as to the probable source of venereal disease infection of military or naval personnel, the facts will be reported by medical officers of the Army or Navy to the State or local health authorities as may be required. If additional authentic information is available as to extramarital contacts with

⁴ Is Routine Examination and Certification of Food Handlers Worth While? Wm. H. Best, M.D., Jour. A. P. H. A., vol. 27, pp. 1003-1006, Oct., 1937.

⁵ Carrier-Borne Typhoid Fever in N. Y. State. Jour. A. P. H. A., vol. 27, pp. 233-240, March, 1937.

⁶ Year Book of P. H., 1940, p. 263.

diseased military or naval personnel during the communicable stage, this should also be reported.

4. All contacts of enlisted men with infected civilians to be reported to the medical officers in charge of the Army and Navy by the local or State health authorities.

5. Recalcitrant infected persons with communicable syphilis or gonorrhea to be quarantined during the period of communicability. In civilian populations the local health authorities shall, so far as possible, obtain the assistance of the local police authorities in enforcing such quarantine.

6. Decrease as far as possible the opportunities for contacts with infected persons. The local police department is responsible for the repression of commercialized and clandestine prostitution. The local health departments, the State Health Department, the Public Health Service, the Army, and the Navy will cooperate with the local police authorities in repressing prostitution.

7. An aggressive program of education both among enlisted personnel and the civilian population regarding the dangers of the venereal diseases, the methods for preventing these infections, and the steps which should be taken if a person suspects that he is infected.

8. The local police and health authorities, the State Department of Health, the Public Health Service, the Army, and the Navy desire the assistance of representatives of the American Social Hygiene Association or affiliated social hygiene societies or other voluntary welfare organizations or groups in developing and stimulating public support for the above measures.

REVISED LIST OF REPORTABLE DISEASES

The California State Board of Public Health has recently revised, by regulation, the list of diseases that are reportable in California. The following diseases have been removed from the list of diseases that are reportable only: beriberi, chancroid, fluke infection, hookworm, and pellagra.

The term "lymphogranuloma inguinale" has been changed to "granuloma inguinale" and the disease is made reportable and subject to isolation. Epidemic dysentery of the newborn (in institutions) has been made reportable and subject to isolation. Lymphopathia venereum has also been added to the list of diseases that are reportable and subject to isolation. Erysipelas has been removed from the list of reportable diseases.

Following is a list of diseases reportable in California classified according to control methods, reportable only, subject to isolation, and subject to quarantine and placarding:

LIST OF DISEASES REPORTABLE IN CALIFORNIA

Reportable Only:

Anthrax

Botulism—if commercial product notify State Department of Health at once.

Coccidioidal Granuloma

Dengue—keep patient in mosquito free room.

Epilepsy

Food Poisoning

Glanders—report by phone or telegraph.

Jaundice—infectious or epidemic types.

Malaria—keep patient in mosquito free room.

Pneumonia—specify type of pneumococcus, if known.

Relapsing fever

Rocky Mountain Spotted Fever

Tetanus

Trichinosis

Tularemia

Undulant fever

Reportable and Subject to Isolation:

Epidemic diarrhea of the newborn (in institutions)

Chickenpox

Dysentery—Amoebic

Dysentery—Bacillary—specify type, if known.

German Measles

Influenza

Measles

Mumps

Ophthalmia Neonatorum

Psittacosis

Rabies—in animals. Use special card.

Rabies—in humans.

Septic Sore Throat (in epidemic form).

Trachoma

Tuberculosis—use special card.

Whooping Cough

Syphilis—use special card.

Gonorrhea—use special card.

Chancroid—use special card.

Lymphopathia Venereum—use special card.

Granuloma inguinale—use special card.

Reportable and Subject to Quarantine and Placarding:

Cholera—report by telephone or telegraph to State Department of Health.

Diphtheria

Encephalitis (Infectious)—specify type, if known.

NOTE: This means all forms of acute encephalitis such as St. Louis type, equine type, and any other epidemic form occurring in California.

Leprosy

Meningitis (due to the meningococcus).

Paratyphoid Fever—specify type A or B.

Plague—report by telephone or telegraph to State Department of Health.

Acute Anterior Poliomyelitis

Scarlet Fever

Smallpox

Typhoid Fever

Typhus Fever

Yellow Fever—report by telephone or telegraph to State Department of Health.

MORBIDITY

Complete Reports for Following Diseases for Week Ending
November 30, 1940

Chickenpox

714 cases: Alameda County 9, Alameda 3, Berkeley 4, Oakland 20, San Leandro 1, Amador County 11, Sutter Creek 35, Calaveras County 1, Colusa County 2, Contra Costa County 3, Crescent City 5, Fresno County 4, Fresno 5, Humboldt County 1, Eureka 8, Imperial County 1, Holtville 1, Westmorland 3, Kern County 22, Hanford 20, Los Angeles County 38, Alhambra 14, Burbank 1, Compton 6, El Monte 2, Glendale 2, Inglewood 3, Long Beach 8, Los Angeles 26, Pasadena 10, Pomona 3, San Fernando 1, South Pasadena 1, Whittier 13, Monterey Park 3, Madera County 10, Chowchilla 1, Gustine 4, Monterey County 6, Salinas 1, Napa 3, Brea 6, Orange 1, La Habra 5, Placer County 11, Riverside County 6, Corona 1, Riverside 3, Sacramento County 4, Sacramento 15, San Bernardino County 3, San Diego County 23, La Mesa 3, San Diego 21, San Francisco 57, San Joaquin County 28, Stockton 18, Tracy 23, San Luis Obispo County 1, San Mateo County 9, Daly City 1, Redwood City 2, San Mateo 5, South San Francisco 4, Menlo Park 3, Belmont 1, Santa Barbara County 16, Lompoc 12, Santa Barbara 4, Santa Clara County 38, Gilroy 2, Los Gatos 1, Palo Alto 12, San Jose 14, Shasta County 2, Benicia 2, Sonoma County 4, Stanislaus County 18, Modesto 4, Sutter County 2, Red Bluff 8, Tulare County 2, Ventura County 1, Ventura 1, Davis 1, Woodland 1.

Diphtheria

29 cases: Oakland 1, San Leandro 1, Chico 2, Calaveras County 2, Fresno 2, Calaveras 1, Los Angeles 2, San Gabriel 1, Merced County 1, Pacific Grove 1, Napa 1, Grass Valley 1, Riverside 2, Sacramento 5, San Diego County 1, San Joaquin County 1, Stockton 1, San Jose 1, Shasta County 1, Tulare 1.

German Measles

11 cases: Alameda 1, Oakland 1, Colusa County 1, Los Angeles County 1, Long Beach 1, Los Angeles 1, Whittier 1, Orange County 1, Ontario 3.

Influenza

1800 cases: Berkeley 3, Oakland 9, Gridley 5, Calaveras County 1, Angels Camp 4, Contra Costa County 1, El Cerrito 1, Crescent City 68, El Dorado County 29, Placerville 82, Fresno County 63, Coalinga 8, Fresno 99, Orland 2, Arcata 19, Inyo County 1, Bishop 5, Kern County 198, Bakersfield 1, Kings County 36, Hanford 4, Lemoore 25, Los Angeles County 16, Burbank 1, Compton 1, Glendale 2, Long Beach 8, Los Angeles 91, Pasadena 2, Whittier 6, Lynwood 1, South Gate 1, Madera County 97, Madera 18, Chowchilla 28, Yosemite National Park 9, Fort Bragg 152, Ukiah 6, Gustine 18, Alturas 5, Fort Bidwell 14, Monterey County 7, Pacific Grove 2, Salinas 2, Napa County 1, Napa 1, Orange County 5, Anaheim 2, Fullerton 3, Orange 7, Santa Ana 8, La Habra 17, Placentia 14, Riverside County 1, Hemet 2, Riverside 7, Sacramento 3, San Bernardino County 1, Redlands 15, San Diego County 13, La Mesa 4, National City 1, San Diego 59, San Francisco 13, Stockton 4, San Luis Obispo 4, Santa Barbara 6, Santa Maria 4, Santa Clara County 19, Mountain View 6, San Jose 5, Shasta County 2, Dorris 5, Santa Rosa 1, Modesto 1, Tehama County 2, Lindsay 1, Ventura County 11, Fillmore 7, Santa Paula 4, Ventura 16.

Malaria

2 cases: Santa Ana 1, California 1.*

Measles

55 cases: Alameda County 1, El Dorado County 1, Bakersfield 1, Los Angeles County 1, Glendale 1, Long Beach 1, Los Angeles 4, Montebello 1, San Fernando 1, Yosemite National Park 1, Monterey 1, La Habra 1, Hollister 2, San Diego County 1, San Diego 2, San Francisco 1, San Luis Obispo County 1, Santa Barbara County 15, Lompoc 15, Shasta County 1, Tulare County 1.

Mumps

244 cases: Berkeley 2, Oakland 17, San Leandro 1, Fresno County 1, Fresno 1, Humboldt County 1, Imperial County 1, Kern County 37, Los Angeles County 33, El Segundo 2, Glendale 4, Long Beach 18, Los Angeles 16, Pasadena 3, Santa Monica 1, South Gate 2, Signal Hill 1, San Rafael 1, Mono County 1, Monterey County 1, Orange County 15, Anaheim 1, Brea 1, Fullerton 5, Huntington Beach 7, Riverside County 3, San Jacinto 1, Placentia 7, Sacramento County 1, San Bernardino County 11, San Diego 4, San Francisco 9, San Luis Obispo County 1, Paso Robles 3, Menlo Park 1, Santa Clara County 6, San Jose 1, Santa Cruz 1, Sonoma County 13, Stanislaus County 2, Modesto 1, Dinuba 1, Ventura 5.

Pneumonia (Lobar)

71 cases: Alameda County 1, San Leandro 2, Coalinga 4, Fresno 1, Brawley 1, Kern County 1, Bakersfield 1, Los Angeles County 9, Compton 1, Los Angeles 14, Pomona 1, Santa Monica 1, South Gate 1, Signal Hill 1, Madera County 6, Madera 3, Marin County 2, Monterey County 1, Napa 1, Elsinore 1, Sacramento County 1, Sacramento 1, National City 1, San Diego 2, San Francisco 5, San Luis Obispo 1, Daly City 1, Dinuba 2, Ventura County 3, Santa Paula 1.

Scarlet Fever

154 cases: Contra Costa County 4, El Dorado County 2, Fresno County 1, Inyo County 1, Kern County 1, Los Angeles County 16, Arcadia 1, Burbank 3, Compton 2, Culver City 1,

Glendale 1, La Verne 2, Long Beach 4, Los Angeles 18, Monrovia 2, Montebello 1, Pasadena 5, San Fernando 4, San Gabriel 1, Vernon 1, Whittier 1, South Gate 4, Signal Hill 1, Maywood 1, Madera 1, Marin County 1, Merced County 1, Monterey County 1, Monterey 1, Anaheim 1, Brea 1, Seal Beach 5, Plumas County 1, Riverside County 1, Sacramento County 1, Sacramento 6, San Bernardino County 1, Ontario 1, Redlands 1, National City 1, San Diego 4, San Francisco 4, San Joaquin County 3, Stockton 1, San Luis Obispo County 6, Paso Robles 1, Daly City 2, South San Francisco 1, Santa Barbara County 18, Santa Barbara 1, Solano County 1, Sonoma County 1, Modesto 2, Tulare County 1, Ventura County 4, Fillmore 1.

Smallpox

One case: Inyo County.

Typhoid Fever

2 cases: Long Beach 1, Tulare County 1.

Whooping Cough

477 cases: Alameda County 1, Alameda 4, Berkeley 16, Oakland 34, Chico 4, Contra Costa County 38, El Cerrito 1, Pinole 2, Fresno County 1, Humboldt County 1, Imperial 1, Los Angeles County 34, Alhambra 1, Arcadia 8, Burbank 2, Compton 2, Glendale 3, Inglewood 5, Long Beach 13, Los Angeles 55, Pomona 3, San Fernando 3, Santa Monica 2, South Pasadena 1, Whittier 1, Torrance 2, Lynwood 3, Marin County 6, Monterey County 4, Monterey 5, Salinas 1, Orange County 10, Fullerton 1, Huntington Beach 2, Orange 2, Santa Ana 18, Laguna Beach 1, Tustin 2, Riverside County 4, Blythe 2, Corona 4, Riverside 1, Sacramento 7, San Bernardino County 10, Redlands 8, San Diego County 3, Chula Vista 1, San Diego 1, San Francisco 65, Stockton 7, San Luis Obispo County 11, Paso Robles 1, San Luis Obispo 15, San Bruno 1, Santa Barbara County 17, Santa Barbara 6, Santa Maria 2, San Jose 3, Shasta County 2, Sonoma County 1, Petaluma 4, Ventura County 6, Ventura 2.

Meningitis (Epidemic)

One case: Long Beach.

Dysentery (Amoebic)

2 cases: Kern County 1, Los Angeles 1.

Dysentery (Bacillary)

12 cases: Fresno County 1, Corcoran 1, Los Angeles 5, Hawthorne 1, Sacramento 1, San Francisco 3.

Ophthalmia Neonatorum

One case: Sonoma County.

Poliomyelitis

3 cases: Los Angeles County 1, Huntington Beach 1, Orange 1.

Tetanus

One case: Los Angeles.

Trachoma

5 cases: Fresno County 2, Bishop 1, Compton 1, Monterey County 1.

Encephalitis (Epidemic)

2 cases: Tulare County.

Trichinosis

6 cases: Banning.

Typhus Fever

2 cases: Los Angeles.

Jaundice (Epidemic)

2 cases: Alameda County 1, Humboldt County 1.

Food Poisoning

13 cases: Los Angeles County 10, Monterey 3.

Undulant Fever

5 cases: Kern County 1, Bakersfield 1, Los Angeles County 1, Newport Beach 1, Ventura County 1.

Tularemia

One case: San Bernardino County.

Septic Sore Throat

2 cases: Monterey County 1, South San Francisco 1.

Relapsing Fever

One case: California.*

Epilepsy

48 cases: Berkeley 1, Bakersfield 1, Los Angeles County 8, Alhambra 1, Glendale 1, Los Angeles 19, Montebello 1, Santa Monica 1, San Bernardino County 6, San Francisco 6, Redwood City 1, Sonoma County 2.

Rabies (Animal)

13 cases: Placerville 1, Imperial County 1, El Centro 2, Los Angeles County 2, Inglewood 1, Riverside 5, San Mateo County 1.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

